

## PUBLIC HEALTH RATE PROGRAM (PhRate) DESCRIPTION

This program provides users with a tool for calculating rates and percentages and their standard errors and confidence intervals and to test whether or not the observed differences in these rates or percentages are statistically significant. It also uses regression to determine whether there is a statistically significant trend in a series of rates or percentages.

Users of this program will need to have the raw data necessary (eg. numerators and denominators) for calculating the various rates and percentages. For example, to calculate a crude death rate, the user will need to have the total number of deaths (numerator) and the population-at-risk (denominator). The menu-driven program will prompt you to enter the numerator and denominator for each rate or percentage. The resulting rates or percentages along with their associated standard errors and 95% confidence intervals will be calculated by the program.

This program is not a tutorial on the proper calculation of public health rates nor, more importantly, on their interpretation and use in determining if a health problem exists in a particular community or among a particular subgroup of the population. It is assumed that the user of this program has a basic understanding of the principles of epidemiology and the use of public health statistics. Those without at least an introductory level of knowledge concerning statistics should not be using this program. This program is not a substitute for the thorough in-depth epidemiological and statistical analyses that are required in determining the presence or absence of a potential public health problem.

## PUBLIC HEALTH RATE PROGRAM ORDER FORM

Name:			Date:
Title:		Organization:	
Street Address:			City:
State:	Zip Code:	Phone:	Fax:
E-Mail Address:			

<b>Send file as an e-mail attachment:</b> <input type="checkbox"/>		<b>Mail file on a diskette:</b> <input type="checkbox"/>	
Public Health Rate Program (PhRate)	Cost: \$10.00	How Many:	\$
<b>Total Enclosed</b>			<b>\$</b>

Please send completed form and check/money order, made payable to the  
**Department of Health Services:**

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